

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

025392

FILING DATE

2-25-98

APPLICANT(S)

HENRY VON KORN

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		1				
2		1				
3		1				
4		1				
5		1				
6		3				
7		1				
8		1				
9		1				
10		2				
11		3				
12		3				
13		1				
14		3				
15		3				
16		4				
17		1				
18		1				
19		5				
20		1				
21		1				
22		1				
23		1				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		1				
34		5				
35		5				
36		5				
37		5				
38		4				
39		4				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		3				
49		4				
50		3				
TOTAL IND.	0					
TOTAL DEP.						
TOTAL CLAIMS	105					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
11 51		3				
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	40					
TOTAL DEP.		3				
TOTAL CLAIMS	43					

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

025797

FILING DATE

2-25-93

APPLICANT(S)

HENRY VON KOPORN

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32	/					
33		/				
34		/				
35		/				
36		/				
37		/				
38	/					
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52		/				
53		/				
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	/					
69	/					
70	/					
71	/					
72	/					
73	/					
74	/					
75	/					
76	/					
77	/					
78	/					
79	/					
80	/					
81	/					
82	/					
83	/					
84	/					
85	/					
86	/					
87	/					
88	/					
89	/					
90	/					
91	/					
92	/					
93		3				
94		3				
95		4				
96		4				
97		3				
98		2				
99		4				
100		3				
TOTAL IND.	39					
TOTAL DEP.	29					
TOTAL CLAIMS	68					